Case 6:18-bk-05608-CCJ Doc 11 Filed 09/27/18 Page 1 of 36

| | Fill in this information to identify your case: | | |
|------|--|--|---------------------------------|
| Deb | ebtor 1 Joseph S. Palmer | | |
| | First Name Middle Name | Last Name | |
| | ebtor 2 Sandra I. Palmer First Name Middle Name | Last Name | |
| Uni | nited States Bankruptcy Court for the: MIDDLE DISTRICT | OF FLORIDA, ORLANDO DIVISION | |
| | | | |
| | sse number | | ☐ Check if this is an |
| | | | amended filing |
| | - | | |
| | fficial Form 106Sum | | |
| | ummary of Your Assets and Liabilities | | 12/15 |
| info | as complete and accurate as possible. If two married peop ormation. Fill out all of your schedules first; then complete | the information on this form. If you are filing amended | |
| you | ur original forms, you must fill out a new Summary and che | eck the box at the top of this page. | |
| Par | Tt 1: Summarize Your Assets | | |
| | | | Your assets |
| | | | Value of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | | \$ 241,914.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A | /B | \$ 20,468.69 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | |
| | 1c. Copy line 63, Total of all property on Schedule A/B | | \$ 262,382.69 |
| Par | art 2: Summarize Your Liabilities | | |
| | | | Your liabilities Amount you owe |
| _ | | . (0%: 15 | Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Prope 2a. Copy the total you listed in Column AAmount of claim, a | | \$ 103,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Office | cial Form 106E/F) | 0.000.00 |
| | 3a. Copy the total claims from Part 1 (priority unsecured cl | aims) from line 6e & chedule E/F | \$3,200.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecure | d claims) from line 6j &chedule E/F | \$ 91,580.00 |
| | | | |
| | | Your total liabilities | \$197,780.00 |
| Dor | Summarina Valur Income and European | | |
| | art 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedu | le I | \$ 968.58 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | | |
| | Copy your monthly expenses from line 22c of Schedule J | | \$ 2,523.00 |
| Par | art 4: Answer These Questions for Administrative and St | atistical Records | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 1 | 3? | |
| | ☐ No. You have nothing to report on this part of the form. | Check this box and submit this form to the court with your ot | ner schedules. |
| | ■ Yes | | |
| 7. | What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumpurpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for sta | er debts are those "incurred by an individual primarily for a petitstical purposes. 28 U.S.C§ 159. | ersonal, family, or household |
| | ☐ Your debts are not primarily consumer debts. You court with your other schedules. | have nothing to report on this part of the form. Check this bo | x and submit this form to the |

Official Form 106Sum Sum

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| Debtor 1 | | | _ | | | |
|----------|---------|-----------|-----|---------|-----------|--|
| Debtor 2 | Palmer, | Joseph S. | . & | Palmer, | Sandra I. | |

Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,036.71

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 3,200.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 3,200.00 |

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| | Ouce c | 7.10 BK 0000 | | 30 B00 II 1 1100 03/21/10 | i ago o | 0.00 | |
|--|-------------------------------------|----------------------|-----------|---|-----------------------------------|-------------------------|---|
| Fill in this | s information to i | dentify your case | and th | nis filing: | | | |
| Debtor 1 | Joseph S. P | | e Name | Last Name | | | |
| Debtor 2 | Sandra I. Pa | | e ivallie | Last Name | | | |
| (Spouse, if filing) | First Name | | Name | Last Name | | | |
| United States Ban | kruptcy Court for | the: MIDDLE DI | ISTRIC | T OF FLORIDA, ORLANDO DIVISION | | | |
| Case number | | | | | | | Check if this is an amended filing |
| Official For | m 1064/R | | | | | | |
| Schedule | _ | - | | | | | 12/15 |
| information. If more Answer every quest | space is needed, a ion. | attach a separate sh | eet to t | married people are filing together, both are ed his form. On the top of any additional pages, w I Estate You Own or Have an Interest In | | | |
| ☐ No. Go to Part Yes. Where is | | | Wha | it is the property? Check all that apply | | | |
| 1.1 | | | Wila | Single-family home | Do not doduct or | oured eleime | or exemptions. Put |
| 9 Sandpoil Street address, if | nt Cir f available, or other des | cription | | Duplex or multi-unit building | the amount of an | y secured cla | ims on Schedule D: ecured by Property. |
| Ormond B | each FL | 32174-9117 | | | Current value or entire property? | | urrent value of the ortion you own? |
| City | State | ZIP Code | | ' ' ' | \$241,91 | 4.00 | \$241,914.00 |
| | | | □ Who | | | nple, tenancy known. | ownership interest by the entireties, or |
| Volusia | | | | | | | |
| County | | | | Debtor 1 and Debtor 2 only At least one of the debtors and another er information you wish to add about this item, erty identification number: | (see instruction | is is commur ons) | nity property |
| | | | 3 B | edroom/2 Bath House | | | |
| | | | | our entries from Part 1, including any en | | | \$241,914.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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| Debtor 1 Debtor 2 Palmer, Joseph S. & Palm | er, Sandra I. | Case number (if known) | |
|---|--|------------------------|---|
| 3. Cars, vans, trucks, tractors, sport utility | vehicles, motorcycles | | |
| □ No ■ Yes | | | |
| 3.1 Make: Model: Year: Approximate mileage: Other information: | Who has an interest in the property? Check one □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | the amount of any | red claims or exemptions. Put secured claims on Schedule D: te Claims Secured by Property. The Current value of the portion you own? |
| 2004 Lexus ES 330 Sedan VIN JTHBA30G045027355 Mileage: 211,000 Engine leaks oil and severe driver's side interior damage. | Check if this is community property (see instructions) | <u>\$1,800.</u> | \$1,800.00 |
| | and other recreational vehicles, other vehicles, a watercraft, fishing vessels, snowmobiles, motorcycle a | | |
| | own for all of your entries from Part 2, including number here | | \$1,800.00 |
| Part 3: Describe Your Personal and Househol | d Items | | |
| Do you own or have any legal or equitable | interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Household goods and furnishings Examples: Major appliances, furniture, lines □ No | ns, china, kitchenware | | · |
| Yes. Describe | | | |

Official Form 106A/B Schedule A/B: Property page 2

| | ebtor 1 ebtor 2 | Palmer, Jos | eph S. & Palmer, Sandra I. | Case number (if known) | |
|----|-----------------------------------|--|--|--|--------|
| | | | [1] TV cabinet - \$25.00 [1] couch - \$100.00 [1] coffee table -\$25.00 [1] recliner - \$75.00 [20] wall hangings - \$100.00 Various home decor - \$25.00 Various pots / pans / dishes / utensils / small kitche \$30.00 [1] queen bed / mattress - \$100.00 [1] dresser - \$50.00 [1] chest of drawers - \$50.00 [2] night stands - \$50.00 [2] lamps - \$10.00 [1] refrigerator - \$100.00 [1] oven / stove - \$100.00 [1] dishwasher - \$100.00 [1] dishwasher - \$100.00 [1] might stand - \$10.00 [1] full size bed / mattress - \$75.00 [1] night stand - \$10.00 [1] dresser - \$40.00 [1] night stand - \$20.00 Various power tools / hand tools - \$50.00 [1] patio table w / 4 chairs - \$20.00 [1] gas grill - \$25.00 [1] small round kitchen table w / [2] chairs - refurbis - \$50.00 [1] sofa w / matching chair - refurbished from fire - \$10.00 [1] bureau - \$10.00 | shed from fire \$75.00 | 895.00 |
| 7. | □ No | es: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, pri phones, cameras, media players, games [1] 55" TV - inoperable due to electrical storm surge | | |
| | | | [1] HP laptop - \$100.00 [1] iPhone 5 cell phone - \$10.00 [1] Samsung Galaxy 5 cell phone - leased through c | carrier - \$0.00 \$1 | 10.00 |
| 8. | Example ■ No | | figurines; paintings, prints, or other artwork; books, pictures, or othenemorabilia, collectibles | er art objects; stamp, coin, or baseball card collections; | other |
| 9. | Example No | ent for sports ares: Sports, photo instruments Describe | nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, | golf clubs, skis; canoes and kayaks; carpentry tools; n | nusica |
| 10 | . Firearm Examp ■ No | ıs | s, shotguns, ammunition, and related equipment | | |
| 11 | . Clothes | S | othes, furs, leather coats, designer wear, shoes, accessories | | |

Official Form 106A/B Schedule A/B: Property

Yes. Describe.....

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| Debtor 1 Debtor 2 | Palmer, Jos | eph S. 8 | & Palmer, Sandra I. | Case number (if known) | |
|---|--|--|--|---|---|
| | | Debto | r 1's clothing, shoes, | and belt | \$50.00 |
| | | Debto | r 2's clothing, shoes, | and handbags | \$75.00 |
| □ No | | [1] 10 | ume jewelry, engagement i k gold women's wedd k gold men's wedding | rings, wedding rings, heirloom jewelry, watches, gems, gold, ling band - \$10.00 g band - \$50.00 | silver \$60.00 |
| Exam No Yes 14. Any c No Yes 15. Add Part | s. Give specific information of the dollar value and the dollar value and the dollar value are something. The dollar value are something the dollar value a | d househ ormation of all of y nber here | old items you did not alr rour entries from Part 3, i | | \$1,690.00 |
| Do you o | own or nave any i | egai or ed | quitable interest in any o | t the following? | portion you own? Do not deduct secured claims or exemptions. |
| ■ No | nples: Money you h | · | ur wallet, in your home, in a | safe deposit box, and on hand when you file your petition | |
| | | | | ertificates of deposit; shares in credit unions, brokerage hous the same institution, list each. | ses, and other similar |
| | S | | | Institution name: | |
| | | 17.1. | Checking Account | Friends Bank ending in 89 | \$27.39 |
| | | 17.2. | Checking Account | Bank of America ending in 71 Business Account | \$371.27 |
| | | 17.3. | Checking Account | Florida Community Bank ending in 25 | \$885.03 |
| | | 17.4. | Checking Accounts | (2) SunTrust Bank Closed Accounts Ending in 9-1 and 4-6 Debtor was on accounts with Phillip Boroughs for property management purposes and thought he was just a signator. A Writ of Garnishment has resulted in approximately \$8,000.00 being frozen. All monies in accounts were rents from Mr. Borough's vacation cabins in Tennessee. | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 4

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| | ebtor 1 ebtor 2 Palmer, J | oseph S. & Palmer, Sar | ndra I. | Case number (if known) | |
|----|--|--|---|--|--|
| 18 | | s, or publicly traded stocks ds, investment accounts with | s brokerage firms, money market a | counts | |
| | Yes | Institution or iss | suer name: | | |
| 19 | . Non-publicly traded joint venture ☐ No | stock and interests in inco | orporated and unincorporated b | ousinesses, including an interest in a | an LLC, partnership, and |
| | Yes. Give specific | information about them Name of entity: Palmer Real Est | tate Company, Inc. | % of ownership: 100.00 % | \$0.00 |
| 20 | Negotiable instrumer Non-negotiable instru ■ No | its include personal checks, of the same that are those you cannot the same those you cannot the same that are those you cannot the same that are those you cannot the same that are those you cannot be same that are the | egotiable and non-negotiable ir cashiers' checks, promissory note transfer to someone by signing or | s, and money orders. | |
| | ☐ Yes. Give specific in | nformation about them Issuer name: | | | |
| 21 | Retirement or pensic Examples: Interests No Yes. List each according to the second sec | in IRA, ERISA, Keogh, 401(l | ,, | , or other pension or profit-sharing plan | ns |
| | | IRA | Institution name: IRA through Banl | c of America | \$2,005.00 |
| | | IRA | IRA through Prud | lential | \$13,690.00 |
| 22 | | sed deposits you have made | so that you may continue service ont, public utilities (electric, gas, wa | ter), telecommunications companies, or | others |
| 23 | ■ No | | oney to you, either for life or for a r | umber of years) | |
| 24 | |), 529A(b), and 529(b)(1). | a qualified ABLE program, or u | nder a qualified state tuition program any interests.11 U.S.C. § 521(c): | n. |
| 25 | ■ No | | y (other than anything listed in | line 1), and rights or powers exercis | able for your benefit |
| | | information about them | | | |
| 26 | Examples: Internet de | omain names, websites, proc | , and other intellectual property eeds from royalties and licensing | | |
| | ☐ Yes. Give specific | information about them | | | |
| 27 | Examples: Building p ■ No | | | quor licenses, professional licenses | |
| | ☐ Yes. Give specific | information about them | | | |
| M | loney or property owe | d to you? | | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 5

claims or exemptions.

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| | btor 1 btor 2 | Palmer, Joseph | S. & Palmer, Sandra I. | Case number (if known) | |
|-------------------|--|--|--|--|------------------------------|
| | _ | ınds owed to you | | | |
| | ■ No □ Yes. G | Give specific informati | ion about them, including whether you already filed the | returns and the tax years | |
| | | | | | |
| 29. | _ ` | | sum alimony, spousal support, child support, mainter | nance, divorce settlement, property se | ttlement |
| | ■ No □ Yes. G | Give specific informati | ion | | |
| 20 | Other en | | | | |
| | Example _ | | wes you sability insurance payments, disability benefits, sick pa u made to someone else | y, vacation pay, workers' compensation | n, Social Security benefits; |
| | ■ No □ Yes. 0 | Give specific informate | tion | | |
| | | s in insurance polic les: Health, disability, | ies or life insurance; health savings account (HSA); credit, | homeowner's, or renter's insurance | |
| | Yes. N | Name the insurance c | ompany of each policy and list its value. Company name: | Beneficiary: | Surrender or refund |
| | | | \$3,000.00 Mutual of Omaha Insurance | , | value: |
| | | | Company - Term Life Insurance Policy No Cash Surrender Value | Debtors' Daughter | \$0.00 |
| | | | | | |
| | | | \$3,000.00 Mutual of Omaha Insurance Company - Term Life Insurance Policy No Cash Surrender Value | Debtors' Daughter | \$0.00 |
| | | | Company - Term Life Insurance Policy | | |
| | If you ar died. ■ No | | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police | | |
| 33. | If you ar died. ■ No □ Yes. C Claims a Example | re the beneficiary of a Give specific informat against third parties | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police | cy, or are currently entitled to receive pro | |
| 33. | If you ar died. ■ No □ Yes. C Claims a Example ■ No | re the beneficiary of a Give specific informat against third parties | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police tion s, whether or not you have filed a lawsuit or made a syment disputes, insurance claims, or rights to sue | cy, or are currently entitled to receive pro | |
| 33. 34. | If you ar died. ■ No □ Yes. C Claims a Example ■ No □ Yes. [Other co | re the beneficiary of a Give specific informat against third parties es: Accidents, emplo | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police tion s, whether or not you have filed a lawsuit or made a syment disputes, insurance claims, or rights to sue | ey, or are currently entitled to receive pro | operty because someone has |
| 33. 34. | If you ar died. No Yes. C Claims a Example No Yes. [Other co | re the beneficiary of a Give specific informat against third parties es: Accidents, emplo | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police tion s, whether or not you have filed a lawsuit or made anyment disputes, insurance claims, or rights to sue uidated claims of every nature, including countered | ey, or are currently entitled to receive pro | operty because someone has |
| 33. 34. | If you ar died. No Yes. C Claims a Example No Yes. [Other co No Yes. [Any fina | re the beneficiary of a Give specific informat against third parties les: Accidents, emplo Describe each claims ontingent and unliq | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police tion s, whether or not you have filed a lawsuit or made a syment disputes, insurance claims, or rights to sue uidated claims of every nature, including countercomment | ey, or are currently entitled to receive pro | operty because someone has |
| 33. 34. | If you ar died. No Yes. C Claims a Example No Yes. [Other co No Yes. [Any fina No | re the beneficiary of a Give specific informat against third parties les: Accidents, emplo Describe each claim. Describe each claim. Describe each claim. | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police tion s, whether or not you have filed a lawsuit or made and a symmet disputes, insurance claims, or rights to sue uidated claims of every nature, including countered d not already list | ey, or are currently entitled to receive pro | operty because someone has |
| 33. 34. | If you ar died. No Yes. C Claims a Example No Yes. [Other co No Yes. [Any fina No Yes. (Any fina No Yes. (Add th | re the beneficiary of a Give specific informat against third parties es: Accidents, employ Describe each claim portingent and unliques Describe each claim ancial assets you difficult assets ancial assets you difficult assets ancial assets you difficult ancial assets you difficult assets ancial assets you difficult assets y | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police tion s, whether or not you have filed a lawsuit or made and a symmet disputes, insurance claims, or rights to sue uidated claims of every nature, including countered d not already list | ey, or are currently entitled to receive pro a demand for payment | operty because someone has |
| 33. 34. 35. | If you ar died. No Yes. C Claims a Example No Yes. [Other co No Yes. [Any fina No Yes. C And th Part 4. | re the beneficiary of a Give specific informat against third parties les: Accidents, emploides: Accidents, emploides: Accidents and unliques pescribe each claim ancial assets you differ specific informatine dollar value of all write that number | Company - Term Life Insurance Policy No Cash Surrender Value at is due you from someone who has died living trust, expect proceeds from a life insurance police tion s, whether or not you have filed a lawsuit or made a hyment disputes, insurance claims, or rights to sue uidated claims of every nature, including countered d not already list tion of your entries from Part 4, including any entries | ey, or are currently entitled to receive pro | operty because someone has |

No. Go to Part 6.

 \square Yes. Go to line 38.

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| Deb Deb | tor 1 tor 2 | Palmer, Joseph S. & Palmer, Sandra I. | | Case number (if known) | |
|--------------|----------------|--|--------------------------|---------------------------|--------------|
| Part | | scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1. | ou Own or Have an Intere | est In. | |
| 46. [| Do you | own or have any legal or equitable interest in any farm | - or commercial fishin | q-related property? | |
| | | Go to Part 7. | | , | |
| | ☐ Yes | Go to line 47. | | | |
| Part | 7: | Describe All Property You Own or Have an Interest in That Y | ou Did Not List Above | | |
| | | have other property of any kind you did not already lis | it? | | |
| | I No | ison Goddon action, country olds members inp | | | |
| | Yes. | Give specific information | | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| Dowl | 0- | List the Totals of Each Part of this Form | | ì | |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$241,914.00 |
| 56. | Part 2 | : Total vehicles, line 5 | \$1,800.00 | _ | |
| 57. | Part 3 | : Total personal and household items, line 15 | \$1,690.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | \$16,978.69 | | |
| 59. | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | • | |
| 61. | Part 7 | : Total other property not listed, line 54 | + \$0.00 | • | |
| 62. | Total | personal property. Add lines 56 through 61 | \$20,468.69 | Copy personal property to | \$20,468.69 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$262,382.69 |

Official Form 106A/B Schedule A/B: Property page 7

| | Fill in this | s information to identify y | VOLIK COSO: | | | I |
|-------------------------|---|---|--|----------------------------|---|--|
| Do | | | our case. | | | |
| De | ebtor 1 | Joseph S. Palmer First Name | Middle Name | L | ast Name | } |
| | ebtor 2 | Sandra I. Palmer First Name | Middle None | | and Name | |
| (Sp | ouse if, filing) | First Name | Middle Name | | ast Name | |
| Un | nited States Ban | kruptcy Court for the: | MIDDLE DISTRICT OF FLOI | RIDA, | ORLANDO DIVISION | |
| | ase number | | | | | ☐ Check if this is an amended filing |
| O 1 | fficial For | m 106C | | | | |
| So | chedule | e C: The Prop | perty You Cla | im | as Exempt | 4/16 |
| orop out | perty you listed | on Schedule A/B: Property | (Official Form 106A/B) as you | ur sou | | plying correct information. Using the s exempt. If more space is needed, fill s, write your name and case number (if |
| spe app un o a | ecific dollar am blicable statuto ds—may be ur | ount as exempt. Alternat ry limit. Some exemption ilimited in dollar amount lar amount and the value | ively, you may claim the funce is—such as those for healt . However, if you claim an e | II fair h aid: exemp | s, rights to receive certain benefits | g exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemption |
| Pa | rt 1: Identify | the Property You Claim | as Exempt | | | |
| 1. | Which set of | exemptions are you clair | ning? Check one only, even | if you | r spouse is filing with you. | |
| | You are cla | iming state and federal non | bankruptcy exemptions. 11 l | J.S.C | . § 522(b)(3) | |
| | ☐ You are cla | iming federal exemptions. | 11 U.S.C. § 522(b)(2) | | | |
| 2. | For any prop | erty you list on Schedule | A/B that you claim as exer | npt, f | ill in the information below. | |
| | Brief description | on of the property and line on the hat lists this property | - | | ount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | | | \$241,914.00 | | | Fla. Const. Art. X, §4(a)(1); |
| | 9 Sandpoin Ormond Be County: Vo Line from School | ach FL, 32174-9117 Ilusia | | - | 100% of fair market value, up to any applicable statutory limit | Fla. Stat.§§ 222.01, 222.02 |
| | | ES 330 Sedan 30G045027355 | \$1,800.00 | | \$1,000.00 | Fla. Stat. § 222.25(1) |
| | Mileage: 21 Engine leak Line from School | 1,000 ss | | | 100% of fair market value, up to any applicable statutory limit | |
| | | ES 330 Sedan 30G045027355 | \$1,800.00 | | \$800.00 | Fla. Const. Art X, § 4(a)(2) |
| | Mileage: 21 Engine leak | 1,000 | | | 100% of fair market value, up to any applicable statutory limit | |

Line from Schedule A/B. 3.1

| Brief description of the property and line on | Current value of the | Am | ount of the exemption you claim | Specific laws that allow exemption |
|---|---------------------------|--------|---|---|
| Schedule A/B that lists this property | Copy the value from | Che | eck only one box for each exemption. | |
| [1] TV cabinet - \$25.00 | \$1,395.00 | | \$1,200.00 | Fla. Const. Art X, § 4(a)(2) |
| 1] couch - \$100.00 1] coffee table -\$25.00 1] recliner - \$75.00 20] wall hangings - \$100.00 Various home decor - \$25.00 Various pots / pans / dishes / utensils / small kitchen appliances - \$30.00 1] queen bed / mattress Line from Schedule A/B 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Florida Community Bank ending in 25 | \$885.03 | | | Fla. Stat. § 222.201; 11 U.S.C § 522(d)(10)(A) |
| Line from Schedule A/B: 17.3 | | | 100% of fair market value, up to any applicable statutory limit | 3 322(d)(10)(A) |
| IRA through Bank of America Line from Schedule A/B 21.1 | \$2,005.00 | | \$2,005.00 | Fla. Stat. § 222.21(2) |
| Life Holli Gareage A/D. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| IRA through Prudential Line from Schedule A/B 21.2 | \$13,690.00 | | \$13,690.00 | Fla. Stat. § 222.21(2) |
| Elle Helli Gorieddie 775. 2112 | | | 100% of fair market value, up to any applicable statutory limit | |
| \$3,000.00 Mutual of Omaha Insurance Company - Term Life | \$0.00 | | | Fla. Stat. § 222.13 |
| Insurance Policy No Cash Surrender Value Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| \$3,000.00 Mutual of Omaha Insurance Company - Term Life | \$0.00 | | | Fla. Stat. § 222.13 |
| No Cash Surrender Value Line from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 ☐ No | | | d on or after the date of adjustment.) | |
| Yes. Did you acquire the property covere | d by the exemption within | n 1,21 | 5 days before you filed this case? | |
| ■ No | | | | |
| ☐ Yes | | | | |

| Case | ::18-bk-05608-CCJ | 109/27/18 Pa | ige 12 01 30 | |
|---|--|---|--|-----------------------------------|
| Fill in this information to | identify your case: | | | |
| Debtor 1Joseph S. | Palmer | | | |
| Debtor 2 (Spouse if, filing) First Name Sandra I. P First Name | Middle Name Last Name almer Middle Name Last Name | | - | |
| United States Bankruptcy Court fo | r the: MIDDLE DISTRICT OF FLORIDA, ORLAND | O DIVISION | | |
| Case number | | | | if this is an ded filing |
| Official Form 106D Schedule D: Credit | ors Who Have Claims Secure | d by Propert | У | 12/15 |
| | ible. If two married people are filing together, both are equit out, number the entries, and attach it to this form. On the | | | |
| Do any creditors have claims secu | red by your property? | | | |
| \square No. Check this box and sub | mit this form to the court with your other schedules. You | have nothing else to re | eport on this form. | |
| Yes. Fill in all of the informa | tion below. | | | |
| Part 1: List All Secured Claim | s | | | |
| for each claim. If more than one credit | has more than one secured claim, list the creditor separately or has a particular claim, list the other creditors in Part 2. As nabetical order according to the creditor 's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Wells Fargo Bank | Describe the property that secures the claim: | \$103,000.00 | \$241,914.00 | \$0.00 |
| PO Box 25341 Santa Ana, CA 92799-5341 | 9 Sandpoint Cir, Ormond Beach, FL 32174-9117 3 Bedroom/2 Bath House As of the date you file, the claim is: Check all that apply. □ Contingent | | | |
| Number, Street, City, State & Zip Coo | <u> </u> | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | ☐ An agreement you made (such as mortgage or sec car loan) | cured | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and ano | ther | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| If this is the last page of your form, a Write that number here: | in Column A on this page. Write that number here: add the dollar value totals from all pages. add for a Debt That You Already Listed | \$103,000 \$103,000 | | |

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | 0430 0.10 8 | K 00000 000 L | JOU II THEA C | 75721710 1 ago | 10 01 00 | |
|--|---|---|--|---|---|---|
| Fill in this inf | formation to identify you | case: | | | | |
| Debtor 1 | Joseph S. Palmer | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Sandra I. Palmer | | | | II | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA, ORLANDO I | DIVISION | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| Official Form | m 106F/F | | | | | |
| | E/F: Creditors W | ho Have Unseci | ırad Claims | | | 12/15 |
| | nd accurate as possible. Use | | | 2 for creditors with NONE | PRIORITY claims. Lis | |
| Schedule G: Execu D: Creditors Who I | ntracts or unexpired leases to utory Contracts and Unexpir Have Claims Secured by Pro Page to this page. If you have nown). | ed Leases (Official Form 10 operty. If more space is nee | 06G). Do not include any ded, copy the Part you n | creditors with partially se eed, fill it out, number the | ecured claims that ar e entries in the boxes | e listed in Schedule on the left. Attach |
| Part 1: List A | All of Your PRIORITY Uns | ecured Claims | | | | |
| 1. Do any credit | tors have priority unsecured | claims against you? | | | | |
| ☐ No. Go to I | Part 2. | | | | | |
| Yes. | | | | | | |
| possible, list the first that the first than the fi | ype of claim it is. If a claim has he claims in alphabetical order n one creditor holds a particula nation of each type of claim, se | according to the creditor 's n r claim, list the other creditors | name. If you have more that s in Part 3. | in two priority unsecured cla | aims, fill out the Contir | nuation Page of Part Nonpriority |
| 2.1 Interna | al Revenue Service | Last 4 digits of | f account number | \$3,200.00 | amount \$3,200.00 | amount \$0.00 |
| | Creditor's Name | | | ψ3,200.00 | ψ3,200.00 | |
| BO D | 70.40 | When was the | debt incurred? | | - | |
| PO Bo | x 7346 elphia, PA 19101-7346 | ; | | | | |
| | Street City State Zlp Code | | you file, the claim is: Che | eck all that apply | | |
| Who incurre | ed the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 | only | ☐ Unliquidated | i | | | |
| Debtor 2 | only | ☐ Disputed | | | | |
| Debtor 1 | and Debtor 2 only | Type of PRIOR | ITY unsecured claim: | | | |
| ☐ At least o | one of the debtors and another | ☐ Domestic su | pport obligations | | | |
| ☐ Check if | this claim is for a communi | tv debt Taxes and c | ertain other debts you owe | the government | | |
| | subject to offset? | _ | eath or personal injury while | = | | |
| ■ No | | Other. Speci | ify | | | |
| ☐ Yes | | · | 2017 Federal Ta | ixes Owed | | |
| Part 2: List A | All of Your NONPRIORITY | Unsecured Claims | | | | |
| | tors have nonpriority unsecu | | | | | |
| _ ` | ave nothing to report in this pa | | irt with your other schedule | 29 | | |
| Yes. | ave nothing to report in this pa | a. Submit this form to the cot | art with your other soliedule | | | |
| unsecured cla | ur nonpriority unsecured cla im, list the creditor separately itor holds a particular claim, lis | for each claim. For each clair | m listed, identify what type | of claim it is. Do not list cla | ims already included i | n Part 1. If more |

Total claim

| Debt | Palmer, Joseph S. & Palmer, San | ************************************** | Case number (f know) | | | | | | |
|------|--|--|---|---------------|--|--|--|--|--|
| 4.1 | Bankamerica | Last 4 digits of account number | 0967 | \$2,210.00 | | | | | |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2009-04-11 | | | | | | |
| | PO Box 982238 | when was the dest meaned. | 2003-04-11 | | | | | | |
| | El Paso, TX 79998-2238 | | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | | |
| | ☐Yes | ■ Other Specify Revolving | account | | | | | | |
| | Li Tes | Other. Specify Nevolving | | | | | | | |
| 4.2 | Die of America | Last 4 digits of account number | 0007 | CAE 00 | | | | | |
| 4.2 | Bk of Amer Nonpriority Creditor's Name | — Last 4 digits of account number | | \$645.00 | | | | | |
| | | When was the debt incurred? | 2009-04 | | | | | | |
| | PO Box 982238 | | | | | | | | |
| | El Paso, TX 79998-2238 | — As of the data way file the alaim | a. Oh a da all that and h | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | | | | | | |
| | Debtor 1 only | | | | | | | | |
| | <u> </u> | Contingent | | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | | | |
| | \square At least one of the debtors and another | | | | | | | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Revolving | Other. Specify Revolving account | | | | | | |
| 4.3 | Cbna | Last 4 digits of account number | 4782 | \$525.00 | | | | | |
| | Nonpriority Creditor's Name | _ | | • | | | | | |
| | DO D. 0407 | When was the debt incurred? | 2011-06 | | | | | | |
| | PO Box 6497 Sioux Falls, SD 57117-6497 | | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | , | | | | | | | |
| | ■ Debtor 1 only | | | | | | | | |
| | Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | | | | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sens | ration agreement or divorce that you did not | | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of divorce that you did not | | | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | | | |
| | ☐ Yes | Other Specify Revolving | | | | | | | |
| | LI TES | Ther Specify KeyolVIna | accoult | | | | | | |

| Debto Debto | | dra I. | Case number (if know) | |
|---|--|--|--|-----------------------------|
| 4.4 | Lvnv Funding LLC | Last 4 digits of account number | 4281 | \$5,450.00 |
| | Nonpriority Creditor's Name | When we the debt incurred? | 2017.01 | <u> </u> |
| | PO Box 1269 | When was the debt incurred? | 2017-01 | |
| | Greenville, SC 29602-1269 | | | |
| 4.5 L N V V C C C C C C C C C C C C C C C C C | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Open acco | unt | |
| | Li Tes | Other. Specify Open acco | unt | |
| 4.5 | 1 . 5 . 5 . 110 | Local Ballon Communication | 0007 | * 0.04 .5 .00 |
| 4.5 | Lvnv Funding LLC Nonpriority Creditor's Name | Last 4 digits of account number | | \$2,615.00 |
| | Nonpholity Greator's Name | When was the debt incurred? | 2017-01 | |
| | PO Box 1269 | | | |
| | Greenville, SC 29602-1269 | _ | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Open acco | unt | |
| 4.6 | Merrick Bank Corp | Last 4 digits of account number | 1614 | \$1,615.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2042.04 | |
| | PO Box 9201 | when was the dept incurred? | 2012-04 | |
| | Old Bethpage, NY 11804-9001 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | - | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other Specify Revolving | account | |

| Debtor Debtor | | ndra I. | Case number (f know) | |
|------------------|---|---|---|-------------------------|
| 4.7 | Shamrock-Shamrock, Inc. | Last 4 digits of account number | | \$77,150.00 |
| | Nonpriority Creditor's Name C/O Smith, Stout, Bigman, & Brock, PA PO Box 15200 Daytona Beach, FL 32115-5200 | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Volusia Co 2012-3099 | ounty, Florida Judgment:) | - |
| 4.8 | Verizon Wireless | Last 4 digits of account number | 0001 | \$1,370.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2016 12 | |
| | PO Box 650051 Dallas, TX 75265-0051 | when was the debt incurred? | 2016-12 | - |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Open acco | unt | - |
| Part 3: | List Others to Be Notified About a De | bt That You Already Listed | | |
| is tryi have | nis page only if you have others to be notified ing to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out | omeone else, list the original creditor in at you listed in Parts 1 or 2, list the addi | Parts 1 or 2, then list the collection agency | here. Similarly, if you |
| | and Address | On which entry in Part 1 or Part 2 did you | _ | |
| | al One Bank | | Part 1: Creditors with Priority Unsecured Clai | |
| | ox 5253 Stream, IL 60197-5253 | • | Part 2: Creditors with Nonpriority Unsecured | Claims |
| Juioi | | Last 4 digits of account number | 4281 | |
| Capita | and Address al One Bank | | Part 1: Creditors with Priority Unsecured Clai | |
| | ox 5253 Stream, IL 60197-5253 | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| Jaioi | | Last 4 digits of account number | 0927 | |
| | nd Address n, Stout, Bigman, & Brock, PA | On which entry in Part 1 or Part 2 did you Line 4.7 of (<i>Check one</i>): | list the original creditor? Part 1: Creditors with Priority Unsecured Clai | ms |
| PO B | ox 15200 ona Beach, FL 32115-5200 | | Part 2: Creditors with Nonpriority Unsecured | |
| Layio | 300011, 1 2 02 1 10 0200 | Last 4 digits of account number | | |

Official Form 106 E/F

| Debtor 1 | | | | | | _ |
|----------|---------|--------|--------|---------|--------|----|
| Debtor 2 | Palmer. | Josepl | า S. 8 | Palmer. | Sandra | I. |

Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 3,200.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 3,200.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 91,580.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 91,580.00 |

| Fill in th | is information to ident | fy your case: | | |
|---------------------|-------------------------|--------------------|---------------------------|--|
| Debtor 1 | Joseph S. Palme | er | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Sandra I. Palmei | • | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA, ORLANDO DIVISION | |
| Case number _ | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with | whom you have the r, Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|----------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | • | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | Oit. | | 04-4- | 710.0-4- | _ |
| 2.3 | City | | State | ZIP Code | |
| 2.0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.4 | City | | State | ZIF Code | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | | | <u> </u> | 710.0 | _ |
| 2.5 | City | | State | ZIP Code | |
| 2.0 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

Case 6:18-bk-05608-CCJ Doc 11 Filed 09/27/18 Page 19 of 36

| | | | | g | |
|------------------------------|---|------------------------------|--------------------------------|--|--------------------------------------|
| Fil | II in this information to identi | fy your case: | | | |
| Debtor 1 | Joseph S. Palme | r | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | Sandra I. Palmer | Middle Name | Last Name | | |
| | ites Bankruptcy Court for the: | | F FLORIDA, ORLANDO DIV | /ISION | |
| Case num | her | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Officia | l Form 106H | | | _ | |
| | | abtara | | | |
| Sched | lule H: Your Cod | eptors | | | 12/15 |
| | per (if known). Answer every of you have any codebtors? (If you | • | do not list either spouse as a | codebtor. | |
| | hin the last 8 years, have you rnia, Idaho, Louisiana, Nevada, | | | | and territories include Arizona, |
| | Go to line 3. S. Did your spouse, former spou | se, or legal equivalent live | with you at the time? | | |
| line 2 | umn 1, list all of your codebte again as a codebtor only if th , Schedule E/F (Official Form nn 2. | at person is a guaranto | or or cosigner. Make sure y | ou have listed the creditor of | on Schedule D (Official Form |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | IP Code | | Column 2: The creditor to Check all schedules that a | whom you owe the debt pply: |
| _ | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ | |
| | Number Street City | State | ZIP Code | | |

| Fill | in this information to identify your ca | ase: | | | | | | | | |
|-------------|---|------------------------------|---|-------------|--------|---|---------|---------------------|-------------------|------------|
| Del | otor 1 Joseph S. P | almer | | | _ | | | | | |
| 1 | otor 2 Sandra I. Pa | lmer | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for the: | MIDDLE DISTRICT O | F FLORIDA, ORLAND | 00 | _ | | | | | |
| (If kr | se number | | - | | | Check if this is: An amende A supplement income as of | d filin | owing p | | chapter 13 |
| | fficial Form 106l | | | | | MM / DD/ Y | YYY | _ | | |
| S | chedule I: Your Inco | ome | | | | | | | | 12/15 |
| spo atta | plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. Cort 1: Describe Employment | spouse is not filing wit | h you, do not include | informa | ation | about your spou | se. If | more s | pace is ne | eded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or no | on-filin | g spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | □ Emple ■ Not e | • | ved | | |
| | employers. | Occupation | Self-Employed/F | Realtor | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Adams, Camero Realtors | | mpa | iny, | | | | |
| | Occupation may include student o homemaker, if it applies. | r Employer's address | 759 W Granada Ormond Beach, | | 74-5 | 5107 | | | | |
| | | How long employed th | nere? 33 years | S | | | | | | |
| Pai | Give Details About Mon | thly Income | | | | | | | | |
| | mate monthly income as of the da ss you are separated. | te you file this form. If yo | ou have nothing to repo | ort for any | / line | write \$0 in the spa | ace. In | nclude y | our non-filir | ng spouse |
| | u or your non-filing spouse have more ce, attach a separate sheet to this form | | oine the information for | all emplo | yers | for that person on | the lin | es belo | w. If you ne | ed more |
| | | | | | | For Debtor 1 | | r Debto n-filing | or 2 or spouse | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, ca | | | 2. | \$ _ | 0.00 | \$_ | | 0.00 | |
| 3. | Estimate and list monthly overti | me pay. | | 3. | +\$. | 0.00 | +\$ | | 0.00 | |
| 4. | Calculate gross Income. Add line | e 2 + line 3. | | 4. | \$ | 0.00 | \$ | \$ | 0.00 | |

| Deb Deb | tor 1 tor 2 | Palmer, Joseph S. & Palmer, Sandra I. | _ | Case | e number (if known) | | | |
|------------|--------------------------|---|----------|-----------|---------------------|-------------------------|-----------------|--------|
| | 0 | | | | r Debtor 1 | For Debtor non-filing s | pouse | |
| | Copy | y line 4 here | 4. | \$_ | 0.00 | \$ | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$_ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$_ | 0.00 | | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | · \$_ | 0.00 | + \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$ | 0.00 | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 0.00 | \$ | 0.00 | |
| 8. | List a | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 199.58 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$- | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_ \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$- | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$- | 0.00 | \$ | 769.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | — 8g. | \$ _ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 199.58 | \$ | 769.00 | |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. \$ | | 199.58 + \$ | 769.00 | = \$ | 968.58 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | 133.30 | 7 0 3 . 0 0 | | 300.30 |
| 11. | State Inclu- other | e all other regular contributions to the expenses that you list in Schedule of de contributions from an unmarried partner, members of your household, your deriftends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not available. | ependen | . 3 | , | | +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | \$ | 968.58 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form? No. | , | | | | Combine monthly | |
| | | Ves Evolain: | | | | | | |

| Fill | in this informa | ition to identify yo | ur case: | | | | | |
|------------|--|---|------------------------|---|--|------------|-------------------|--|
| Deb | tor 1 | Joseph S. Pa | almer | | | | eck if this is: | |
| Deh | otor 2 | Condro I Dol | lmar | | | | An amended filing | g owing postpetition chapter 13 |
| | ouse, if filing) | Sandra I. Pal | mer | | | | expenses as of th | |
| Unit | ed States Bankı | ruptcy Court for the: | MIDDLE | E DISTRICT OF FLORIDA, N | ORLANDO | | MM / DD / YYYY | |
| 1 | e number nown) | | | | | | | |
| O | fficial Fo | orm 106J | | | | | | |
| S | chedule | J: Your E | Expen | ses | | | | 12/1: |
| info | ormation. If m known). Answ | | eded, attac on. | f two married people are h another sheet to this fo | | | | r supplying correct our name and case numbe |
| 1 ai | Is this a joir | | ioiu | | | | | |
| | ☐ No. Go to | o line 2. | | | | | | |
| | Yes. Doe | s Debtor 2 live in | n a separa | te household? | | | | |
| | ■ N | | t file Officia | al Form 106J-2, <i>Expen</i> ses f | or Separate Househ | oldof Debt | tor 2. | |
| 2. | Do vou hav | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | | | | □ No □ Yes □ No □ Yes □ No |
| 3. | Do your exp | oenses include | _ | No | | | | Yes No |
| | | f people other th d your depender | an 🗖 | Yes | | | | |
| exp app | imate your ex enses as of a plicable date. | date after the b | ur bankru ankruptcy | / Expenses ptcy filing date unless yo is filed. If this is a supple | e mental Schedule J | | | |
| val | | sistance and hav | | d it on Schedule I: Your II | | | Your ex | penses |
| 4. | | or home ownersh and any rent for the | | es for your residence. Indoor. | clude first mortgage | 4. | \$ | 851.00 |
| | If not include | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | • | erty, homeowner's, | | | | 4b. | \$ | 0.00 |
| | | maintenance, re | | | | 4c. | · | 100.00 |
| 5. | | owner's association | | ominium dues u r residence , such as hom | e equity loans | 4d. 5. | · | 30.00 |

| Utilities: | C- | 475.00 |
|--|------------------|-----------------------------|
| 6a. Electricity, heat, natural gas | 6a. \$ | 175.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 84.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services6d. Other. Specify: | 6c. \$ 6d. \$ | 202.00 |
| · · · | | 0.00 |
| Food and housekeeping supplies Childcare and children's education costs | 7. \$ 8. \$ | 400.00 |
| | | 0.00 |
| Clothing, laundry, and dry cleaning Personal care products and services | 9. \$ 10. \$ | 30.00 |
| Medical and dental expenses | 11. \$ | 30.00 |
| Transportation. Include gas, maintenance, bus or train fare. | П. Ф | 45.00 |
| Do not include car payments. | 12. \$ | 100.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| Charitable contributions and religious donations | 14. \$ | 20.00 |
| Insurance. | - | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 30.00 |
| 15b. Health insurance | 15b. \$ | 116.00 |
| 15c. Vehicle insurance | 15c. \$ | 100.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16. \$ | 0.00 |
| Installment or lease payments: 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| • • | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 176. \$ | 0.00 |
| 17c. Other. Specify: 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as | 17u. \$ | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061). | 18. \$ | 0.00 |
| Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| Other real property expenses not included in lines 4 or 5 of this form or on Sched | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: Gym Expenses | 21. +\$ | 10.00 |
| IRS Payment | +\$ | 200.00 |
| Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 2,523.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | _,0_0.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | <u>*</u> | 2,523.00 |
| , , , , | Ψ | 2,523.00 |
| Calculate your monthly net income. | | · |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 968.58 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 2,523.00 |
| 22a Subtract your monthly avanage from your monthly income | | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ | -1,554.42 |
| Do you expect an increase or decrease in your expenses within the year after you For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? | | ease or decrease because of |
| ■ No. □ Yes. Explain here: | | |
| Yes. Explain here: | | |

| Dobtor 1 | | our case: | | | |
|--|---|-------------------------|----------------------------------|---|---|
| Debtor 1 | Joseph S. Palme | r | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Sandra I. Palmer | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA, ORLANDO DIVISION | <u> </u> | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official For | | n Individua | I Debtor's Sche | dules | 12/15 |
| | | | | | , |
| ears, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | | |
| Sig | ın Below | | | | |
| | | one who is NOT an attor | ney to help you fill out bankrup | tcy forms? | |
| | | one who is NOT an attor | ney to help you fill out bankrup | tcy forms? | |
| Did you pa | | one who is NOT an attor | ney to help you fill out bankrup | Attach <i>Bankruptcy Pe</i> | ntition Preparer's Notice, ature (Official Form 119) |
| Did you pa No Yes. Under penathat they ar | Name of person alty of perjury, I declare to the true and correct. | | mary and schedules filed with th | Attach Bankruptcy Pe Declaration, and Signs his declaration and | |
| Did you pa No Yes. Under penathat they ar | Name of person alty of perjury, I declare to true and correct. | | mary and schedules filed with th | Attach Bankruptcy Pe Declaration, and Signs his declaration and | |
| Did you pa No Yes. Under penathat they ar X /s/ Josep | Name of person alty of perjury, I declare to the true and correct. | | mary and schedules filed with th | Attach Bankruptcy Pe Declaration, and Signs his declaration and mer | |

| | Fill in this | s information to identi | fy your case: | | | |
|-------------------|--|--|---|---|--|---|
| Do | | | | | | |
| De | btor 1 | Joseph S. Palmo | Middle Name | Last Name | | |
| 1 | btor 2 | Sandra I. Palme | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Bar | nkruptcy Court for the: | MIDDLE DISTRICT OF F | LORIDA, ORLANDO DIVIS | ION | |
| | se number | | | | | Check if this is an amended filing |
| St Be | as complete a | of Financial | | e filing together, both are | Bankruptcy equally responsible for supply additional pages, write your | |
| Pa | rt 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ■ Married □ Not mar | ried | | | | |
| 2. | During the la | st 3 vears, have vou | lived anywhere other than v | where you live now? | | |
| | | t all of the places you liv | red in the last 3 years. Do not i | , | ddress: | Dates Debtor 2 |
| | | | there | | | lived there |
| 3. stat | es and territorie | es include Arizona, Cal | | ada, New Mexico, Puerto R | ity property state or territory? ico, Texas, Washington and Wi | |
| Pa | rt 2 Explai | n the Sources of You | · Income | | | |
| 4. | Fill in the tota If you are filing No | I amount of income you | nployment or from operating u received from all jobs and a ave income that you receive to | III businesses, including part | | lar years? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$6,670.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | Operating a business | | ☐ Operating a business | |

Official Form 107

| Debtor 2 Palmer, Jose | eph S. & Pa | almer, Sandra I. | Cas | e number (if known) | |
|---|---------------|--|--|--|---|
| | | | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 3 | 31, 2017) | ☐ Wages, commissions, bonuses, tips | \$17,154.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | Operating a business | | ☐ Operating a business | |
| For the calendar year bef (January 1 to December 3 | | ☐ Wages, commissions, bonuses, tips | \$12,343.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | Operating a business | | ☐ Operating a business | |
| you are filing a joint cas | e and you ha | ons; rental income; interest; dive income that you received to | gether, list it only once under l | Debtor 1. | ,g |
| | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| From January 1 of currenthe date you filed for ban | | | \$0.00 | 2018 Social Security Income | \$6,152.00 |
| For last calendar year: (January 1 to December 3 | 31, 2017) | | \$0.00 | 2017 Social Security Income | \$10,620.00 |
| For the calendar year bef (January 1 to December 3 | | | \$0.00 | 2016 Social Security Income | \$10,596.00 |
| Part 3: List Certain Pa | yments You | Made Before You Filed for E | Bankruptcy | | |
| ☐ No. Neither De | btor 1 nor D | s debts primarily consumer ebtor 2 has primarily consu personal, family, or household | mer debts. Consumer debts | are defined in 11 U.S.C. § 101 | (8) as "incurred by an |
| During the | 90 days befor | re you filed for bankruptcy, did | you pay any creditor a total of | \$6,425* or more? | |
| □ _{No.} | Go to line 7 | | | | |
| □ _{Yes} | creditor. Do | each creditor to whom you paid o not include payments for dor o an attorney for this bankruptc | mestic support obligations, sury case. | uch as child support and alimo | |
| * Subject t | o adjustment | on 4/01/19 and every 3 years a | after that for cases filed on or | after the date of adjustment. | |
| | | r both have primarily consulter you filed for bankruptcy, did | | \$600 or more? | |
| ■ No. | Go to line 7 | | | | |
| □ _{Yes} | | each creditor to whom you paid or domestic support obligations otcy case. | | | |
| Creditor's Name and | Address | Dates of payme | nt Total amount | Amount you Was this | s payment for |

| Palmer, Joseph S. & Palmer, Sa | andra I. | Cas | e number (if known) | | |
|---|---|--|--|--|--|
| Insiders include your relatives; any general part which you are an officer, director, person in cor | ners; relatives of any gener atrol, or owner of 20% or mo | al partners; partnershi ore of their voting secu | ps of which you are rities; and any man | a general partr aging agent, ind | ner; corporations of cluding one for a |
| ■ No□ Yes. List all payments to an insider. | | | | | |
| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | this payment |
| insider? | | ments or transfer ar | ny property on ac | count of a deb | t that benefited an |
| ■ No□ Yes. List all payments to an insider | | | | | |
| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment tor's name |
| rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | |
| | | | | | |
| □ No ■ Yes Fill in the details | | | | | |
| Case title | Nature of the case | Court or agency | | Status of the | e case |
| Shamrock-Shamrock, Inc. vs. Joseph P. Palmer, Sandra L. Palmer 2012-30990-CICI | Foreclosure | County Florida PO Box 15200 | l | Conclude | ed |
| | Describe the Property | | reclosed, garnish Date | ed, attached, s | seized, or levied? Value of the property |
| Shamrock-Shamrock, Inc. PO Box 15200 Daytona Beach, FL 32115-5200 | (2) Sun Trust Bank Debtor was on acco Boroughs for prope purposes and thou signator. A Writ of resulted in approxi frozen. All monies i from Mr. Borough's Tennessee. | Accounts ounts with Phillip erty management ght he was just a Garnishment has mately \$8,000.00 in accounts were a vacation cabins essed. | being rents | 18 | \$8,000.00 |
| | Within 1 year before you filed for bankrupte Insiders include your relatives; any general part which you are an officer, director, person in corbusiness you operate as a sole proprietor. 11 U No Yes. List all payments to an insider. Insider's Name and Address Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cosignal No Yes. List all payments to an insider. Insider's Name and Address Identify Legal Actions, Repossession Within 1 year before you filed for bankrupte List all such matters, including personal injury of and contract disputes. No Yes. Fill in the details. Case title Case number Shamrock-Shamrock, Inc. vs. Joseph P. Palmer, Sandra L. Palmer 2012-30990-CICI Within 1 year before you filed for bankrupte Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Shamrock-Shamrock, Inc. Po Box 15200 | Within 1 year before you filed for bankruptcy, did you make a paym. Mithin 1 year before you filed for bankruptcy, did you make a paym. Mischers include your relatives; any general partners; relatives of any gener. Mischers include your relatives; any general partners; relatives of any gener. Mischers you operate as a sole proprietor. 11 U.S.C. § 101. Include payment. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment. Within 1 year before you filed for bankruptcy, did you make any pay insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment. Dates of payment. Within 1 year before you filed for bankruptcy, were you a party in at List all such matters, including personal injury cases, small claims actions and contract disputes. No Yes. Fill in the details. Case title Case number Shamrock-Shamrock, Inc. vs. Joseph P. Palmer, Sandra L. Palmer 2012-30990-CICI Within 1 year before you filed for bankruptcy, was any of your proper check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address Shamrock-Shamrock, Inc. PO Box 15200 Daytona Beach, FL 32115-5200 Daytona Beach, FL 32115-5200 Daytona Beach, FL 32115-5200 Daytona Beach, FL 32115-5200 Property was repossing property was foreclost. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you ow Insiders include your relatives; any general partners; relatives of any general partners; partnersh which you are an officer, director, person in control, or owner of 20% or more of their voting secu business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic supplements of the payments for domestic supplements on the payments to an insider. Insider's Name and Address Dates of payment Total amount paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer are insider? Include payments on debts guaranteed or cosigned by an insider. Insider's Name and Address Dates of payment Total amount paid Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court act List all such matters, including personal injury cases, small claims actions, divorces, collection s and contract disputes. No Yes. Fill in the details. Case title Case title Case number Shamrock-Shamrock, Inc. vs. Joseph P. Palmer, Sandra L. Palmer 2012-30990-CICI Within 1 year before you filed for bankruptcy, was any of your property repossessed, for Check all that apply and fill in the details below. Creditor Name and Address Describe the Property Explain what happened (2) Sun Trust Bank Accounts Debtor was on accounts with Phillip Borough's vacation cabins renessee. Poporty was repossessed. Property was repossessed. Property was foreclosed. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who winsiders include your relatives; any general partners; relatives of any general partners; partners include your relatives; any general partners; relatives of any general partners; partnerships of which you are which you are an officer, director, person in control, or owner of 20% or more of their violing securities; and any man business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such yes. List all payments to an insider. No | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are are a general part which you are an officer, director, person in courtio, or owner of 20% rome of 10% rome of 10% owners and any managing agent, include payments or officer, director, person in courtio, or owner of 20% rome of the visual gescurities, and any managing agent, including securities, and any managing agent, including securities, and any managing agent, including securities, and any managing agent, including payments to an insider. Insider's Name and Address Dates of payment Total amount paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a deb insider? Insider's Name and Address Dates of payment Total amount paid Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding the latest of the payment paid Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding the latest all such matters, including personal injury cases, small claims actions, divorces, collection suits, patentity actions, support or and contract disputes. No No No No Total amount pour property actions, and any lawsuit, court action, or administrative proceeding the latest and payments of the payments of the latest and payments, including personal injury cases, small claims actions, divorces, collection suits, patentity actions, support or and contract disputes. No No No No No Status of the case County Florida Po Box 15200 Daytona Beach, FL 32115-5200 Dayto |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your

| | Palmer, Joseph S. & Palmer, | Sandra | ı l. c | Case number(# | known) | | | |
|-----|---|-----------|--|----------------|-----------------------------------|------------------------|--|--|
| | accounts or refuse to make a payment be ■ No □ Yes. Fill in the details. | ecause y | ou owed a debt? | | | | | |
| | Creditor Name and Address | Des | scribe the action the creditor took | | Date action was taken | Amount | | |
| 12. | Within 1 year before you filed for bankrul court-appointed receiver, a custodian, or ■ No □ Yes | | | sion of an ass | signee for the benefi | t of creditors, a | | |
| Par | t 5: List Certain Gifts and Contribution | s | | | | | | |
| 13. | ■ No □ Yes. Fill in the details for each gift. | | id you give any gifts with a total value Describe the gifts | e of more tha | | | | |
| | Gifts with a total value of more than \$60 person Person to Whom You Gave the Gift and | | Dates you gave the gifts | Value | | | | |
| 4.4 | Address: | | | | | 200 (| | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | | | | |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | | Dates you contributed | Value | | |
| Par | t 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | otcy or s | since you filed for bankruptcy, did yo | ou lose anythi | ng because of theft, | fire, other disaster, | | |
| | Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the lose the amount that insurance has paid. List ce claims on line 33 of Schedule A/B: Place claims on line 34 of Schedule A/B: Place claims on line 35 of Schedule A/B: Place claims of Schedule A/B: Pl | ist pending | Date of your loss | Value of property lost | | |
| Par | t7: List Certain Payments or Transfers | 3 | | | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or place any attorneys, bankruptcy petition produced any attorneys. No Yes. Fill in the details. | reparing | g a bankruptcy petition? | | | y to anyone you | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment | | |
| | Law Offices of Keith D. Collier, PLI 2770 Park St Jacksonville, FL 32205-7608 | | \$450.00 Fees and Cost associa Court Filing Fees, Credit Repo Check and Tax Verification. Attorney's Fees: \$600.00 | | 8/21/2018 | \$1,050.00 | | |

| | otor 1 Palmer, Joseph S. & Palmer, San | ndra I. | | Case numbe | r (if known) | |
|-----|--|--|---------------------------|----------------|---|---|
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | alue of any prope | erty | Date payment or transfer was made | Amount of payment |
| | CC Advising, Inc 703 Washington Ave Ste 200 Bay City, MI 48708-5769 www.ccadvising.com | Credit Counsel | ing | | 8/28/2018 | \$20.00 |
| 7. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditors. Do not include any payment or transfer that you li | s or to make payments | | | or transfer any proper | ty to anyone who |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and v transferred | alue of any prope | erty | Date payment or transfer was made | Amount of payment |
| 8. | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mad gifts and transfers that you have already listed on No Yes. Fill in the details. | siness or financial affai le as security (such as the | rs? | | | |
| | Person Who Received Transfer Address | Description and v property transfer | | | e any property or es received or debts xchange | Date transfer was made |
| | Person's relationship to you Daughter | 2008 Toyota Ca VIN 4T1BE46K | | \$0.00 | | 5/2017 |
| | None | | | | | |
| | Private Party | 2005 Toyota Co Sedan | | \$3,000. | 00 | 1/2017 |
| | None | VIN 1NXBR30E | 232442348 | | | |
| 9. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prote No Yes. Fill in the details. | | property to a se | lf-settled tru | ust or similar device o | of which you are a |
| | Name of trust | Description and v | alue of the prope | rty transfer | red | Date Transfer was |
| | | | | | | made |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and Stora | ge Units | | |
| 0. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ No | other financial accoun | ts; certificates of | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | c m | late account was losed, sold, noved, or ransferred | Last balance before closing or transfer |
| | | | | u | andienea | |

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| | Palmer, Joseph S. & Palmer, Sand | ra I. | Case number (if known) | |
|-----|--|--|---|--|
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? | r before you filed for bankruptcy, ar | ny safe deposit box or other depositor | y for securities, |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your home within 1 | year before you filed for bankruptcy? | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control for | r Someone Else | | |
| 23. | Do you hold or control any property that some someone. | one else owns? Include any propert | y you borrowed from, are storing for, | or hold in trust for |
| | □ No | | | |
| | Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| | Daughter | | [1] piano, winter clothing | \$0.00 |
| For | the purpose of Part 10, the following definitions Environmental law means any federal, state, or toxic substances, wastes, or material into the a controlling the cleanup of these substances, w Site means any location, facility, or property as own, operate, or utilize it, including disposal sir Hazardous material means anything an enviror material, pollutant, contaminant, or similar term ort all notices, releases, and proceedings that you have any governmental unit notified you that you have seen any fill in the details. | apply: r local statute or regulation concerniair, land, soil, surface water, groundwastes, or material. s defined under any environmental lites. nmental law defines as a hazardous n. ou know about, regardless of when | water, or other medium, including state aw, whether you now own, operate, or waste, hazardous substance, toxic suthey occurred. | tutes or regulations rutilize it or used to abstance, hazardous |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an | Environmental law, if you know it | Date of notice |
| | | ZIP Code) | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| | | | | |

| | Palmer, Joseph S. & Palmer, San | dra I. | Case number (i | f known) | |
|-----|---|---|------------------------|---|--------------------|
| 26. | Have you been a party in any judicial or admi | inistrative proceeding under any envir | onmental law? | Include settlements an | d orders. |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the | case | Status of the case |
| Par | t 11: Give Details About Your Business or C | onnections to Any Business | | | |
| 27. | Within 4 years before you filed for bankrupton A sole proprietor or self-employed in A member of a limited liability compating A partner in a partnership An officer, director, or managing execution An owner of at least 5% of the voting No. None of the above applies. Go to Patron Yes. Check all that apply above and fill i Business Name Address (Number, Street, City, State and ZIP Code) Palmer Real Estate Company PO Box 730062 | a trade, profession, or other activity, only (LLC) or limited liability partnership cutive of a corporation or equity securities of a corporation art 12. | Employe Do not in EIN: | r Identification number clude Social Security siness existed 59-3576089 | |
| | Ormond Beach, FL 32173-0062 | | | 1997 to Present | |
| | Self-Employed/Realtor | Real Estate Sales and Services | EIN: | _ | |
| | | | From-To | 1987 to Present | |
| 28. | Within 2 years before you filed for bankrupto institutions, creditors, or other parties. No Yes. Fill in the details below. | y, did you give a financial statement to | o anyone about | your business? Includ | le all financial |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | |

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| Debtor 1 Debtor 2 | Palmer, Joseph S. & Palmer, Sandra I. | | | Case number (if known) |
|-------------------------|---|------------|---------------------------------|---|
| | | | | |
| Part 12: | Sign Below | | | |
| true and c bankrupto | | ent, cond | cealing property, or ol | d I declare under penalty of perjury that the answers are otaining money or property by fraud in connection with a or both. |
| /s/ Jose | ph S. Palmer | /s/ Sa | ndra I. Palmer | |
| | S. Palmer e of Debtor 1 | | ra I. Palmer ure of Debtor 2 | |
| Date A | ugust 21, 2018 | Date | August 21, 2018 | |
| Did you at ■ No □ Yes | ttach additional pages to Your Statement of Fin | nancial Af | ffairs for Individuals F | iling for Bankruptcy (Official Form 107)? |
| Did you pa | ay or agree to pay someone who is not an attor | rney to he | elp you fill out bankru | ptcy forms? |
| ☐ Yes. Na | ame of Person Attach the Bankruptcy Petit | tion Prepa | arer's Notice, Declaratio | n, and Signature (Official Form 119). |

| Fill in this information to identify your case: | | |
|--|---|---|
| Debtor 1 Joseph S. Palmer | | |
| First Name Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) Sandra I. Palmer First Name Middle Name | Last Name | |
| | CT OF FLORIDA, ORLANDO DIVISION | |
| United States Bankruptcy Court for the: MIDDLE DISTRIC | OF FLORIDA, ORLANDO DIVISION | |
| Case number (if known) | | ☐ Check if this is an |
| | | amended filing |
| | | · |
| Official Form 108 | | |
| | viduals Filing Under Chante | or 7 |
| Statement of Intention for Indiv | riduals Filling Under Chapte | 2 12/15 |
| If you are an individual filing under chapter 7, you must fill | out this form if: | |
| creditors have claims secured by your property, or | | |
| you have leased personal property and the lease has no | | |
| You must file this form with the court within 30 days after y whichever is earlier, unless the court extends the | ou file your bankruptcy petition or by the date set f time for cause. You must also send copies to the c | |
| the form | | · · · · · · · · · · · · · · · · · · · |
| If two married people are filing together in a joint case, both and date the form. | h are equally responsible for supplying correct info | rmation. Both debtors must sign |
| Be as complete and accurate as possible. If more space is | needed attach a separate sheet to this form. On the | ton of any additional pages |
| write your name and case number (if known). | one and a copulate choose to the form on the | top or any additional pages, |
| Part 1: List Your Creditors Who Have Secured Claims | | |
| For any creditors that you listed in Part 1 of Schedule D: | Craditors Who Have Claims Secured by Property (| Official Form 106D) fill in the |
| information below. | | |
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| | | |
| Creditor's Wells Fargo Bank | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | LI NO |
| Description of O. Conductint Cir. Ownered | Retain the property and enter into a Reaffirmation | Yes |
| Description of 9 Sandpoint Cir, Ormond property Beach, FL 32174-9117 | Agreement. | |
| securing debt: | ☐ Retain the property and [explain]: | |
| | | - |
| Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed i | n Schedule G: Executory Contracts and Unexpired | eases (Official Form 106G), fill in |
| the information below. Do not list real estate leases. Unexp | ired leases are leases that are still in effect; the leas | |
| may assume an unexpired personal property lease if the tre | ustee does not assume it. 11 U.S.C. § 365(p)(2). | |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased | | _ |
| Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | _ |
| reports. | | ☐ Yes |
| Lessor's name: | | □ No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 Debtor 2 Palmer, Joseph S. & Palmer, Sandra I. | Case number (if known) |
|--|---|
| Description of leased | |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention a property that is subject to an unexpired lease. | bout any property of my estate that secures a debt and any personal |
| X /s/ Joseph S. Palmer | X /s/ Sandra I. Palmer |
| Joseph S. Palmer | Sandra I. Palmer |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date August 21, 2018 | Date August 21, 2018 |

| Fill in this inf | ormation to identify your case: | | | Ch | ock one | box only as d | iroctod in | this form and | in Form |
|---|---|--|--|--------------------------|---------------------|---|------------------------------|-------------------------------------|-------------------------------|
| Debtor 1 | Joseph S. Palmer | | | | 2A-1Su | | irecteu iri | uns ionn and | III FOIIII |
| | | | | | _ | | | | |
| Debtor 2 (Spouse, if filing) | Sandra I. Palmer | | | | 1. Th | ere is no pres | umption o | f abuse | |
| United State | s Bankruptcy Court for the: Middle Dis | strict of Florida | a, Orlando | | а | e calculation to polies will be netallation (Offi | nade unde | erChapter 7 M | nption of abuse leans Test |
| Case numbe | er | | | | | e Means Test illitary service b | | | ause of qualified |
| | | | | | ☐ Che | ck if this is a | n amen | ded filina | |
| Official | Form 122A - 1 | | | | | | | J | |
| | r 7 Statement of Your | Curren | t Monthly | y Inc | ome | ! | | | 12/1 |
| number (if kno military service Part 1: | eet to this form. Include the line number to bwn). If you believe that you are exempted fe, complete and file Statement of Exemptic Calculate Your Current Monthly Incomes your marital and filing status? Check | rom a presum on from Presum ne | ption of abuse bed | cause you | ı do not | have primarily | consumer | debts or becar | use of qualifying |
| ☐ Not | married. Fill out Column A, lines 2-11. | • | | | | | | | |
| ■ Mar | ried and your spouse is filing with you | . Fill out both | Columns A and | B, lines 2 | 2-11. | | | | |
| _ | ried and your spouse is NOT filing wit | | | | | | | | |
| □Li | iving in the same household and are n | ot legally ser | parated. Fill out b | ooth Colu | ımns A | and B, lines 2- | 11. | | |
| р | iving separately or are legally separate benalty of perjury that you and your spouse apart for reasons that do not include evading | e are legally se | eparated under no | nbankrup | otcy law | that applies or | _ | | |
| 101(10A). F 6 months, a | average monthly income that you received for example, if you are filing on September 15 add the income for all 6 months and divide the me rental property, put the income from that property. | , the 6-month pe total by 6. Fill ir | eriod would be Mar n the result. Do not | ch 1 throu include ar | gh Augu ny incom | st 31. If the amo e amount more t | unt of your han once. | monthly income For example, if I | e varied during the |
| | | | | | Colum Debto | | Column Debtor non-fili | | |
| _ | ross wages, salary, tips, bonuses, ove deductions). | rtime, and co | ommissions (bef | ore all | \$ | 0.00 | \$ | 0.00 | |
| | y and maintenance payments. Do not in B is filled in. | nclude payme | ents from a spous | se if | \$ | 0.00 | \$ | 0.00 | |
| of you from an roomma | ounts from any source which are regul or your dependents, including child so unmarried partner, members of your hous ates. Include regular contributions from a include payments you listed on line 3 | u pport. Includ sehold, your d | de regular contrib ependents, paren | utions its, and | ı. \$ | 0.00 | \$ | 0.00 | |
| 5. Net inc | ome from operating a business, profe | ssion, or farn | | | | | | | |
| - | | ¢ | Debtor 1 | | | | | | |
| | receipts (before all deductions) | \$ -\$ | 1,036.71 0.00 | | | | | | |
| Net mo | y and necessary operating expenses nthly income from a business, | * | 4 000 =4 | Copy here -> | \$ | 1,036.71 | \$ | 0.00 | |
| • | ion, or farm ome from rental and other real proper | · | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 11016-> | Ψ — | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ψ | | |
| J. HELING | ome nom remai and other real proper | ٠,٦ | Debtor 1 | | | | | | |
| Gross r | receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | y and necessary operating expenses | -\$ | 0.00 | | | | | | |

Official Form 122A-1

0.00 Copy here -> \$

\$

0.00

0.00

0.00

0.00

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Debtor 1 Debtor 2

Palmer, Joseph S. & Palmer, Sandra I.

| | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing spouse | | | | |
|--|--|---|-------------------|-----------|--|------------|------------------|-------------|----------|
| 8. | Unemployment compensation | | | | \$ | 0.00 | \$ | 0.00 | 1 |
| | Do not enter the amount if you contend that the amount re Social Security Act. Instead, list it here: | ceived was a bene | efit ur | nder the | | | | | |
| | For you\$ | | 0.0 | 00 | | | | | |
| | For your spouse \$ | | 0.0 | 00 | | | | | |
| 9. | Pension or retirement income. Do not include any amounder the Social Security Act. | unt received that v | vas a | benefit | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. Specinot include any benefits received under the Social Security a victim of a war crime, a crime against humanity, or interrif necessary, list other sources on a separate page and put | y Act or payments national or domest | rece | ived as | \$ | 0.00 | \$ | 0.00 | |
| | • | | | | Φ | 0.00 | \$ | 0.00 | |
| | Total amounts from congrete pages, if any | | | — . | Φ | 0.00 | · | 0.00 | |
| | Total amounts from separate pages, if any. | | | | <u> </u> | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total | s 2 through 10 for al for Column B. | r | \$ | 1,036.71 | + | 0.00 | = \$ | 1,036.71 |
| Part | 2: Determine Whether the Means Test Applies to | You | | | | | | income | |
| | | | | | | | | | |
| 12. | Calculate your current monthly income for the year. | | | | | | | | |
| | 12a. Copy your total current monthly income from line 1. | 1 | | | Сору | line 11 h | iere=> | \$ | 1,036.71 |
| | Multiply by 12 (the number of months in a year) | | | | | | | x 1 | 2 |
| | 12b. The result is your annual income for this part of the f | orm | | | | | 12b. | \$ <u> </u> | 2,440.52 |
| 13. | Calculate the median family income that applies to yo | ou. Follow these s | teps: | : | | | | | |
| | Fill in the state in which you live. | FL | | | | | | | |
| | Fill in the number of people in your household. | 2 | | | | | | | |
| Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clets office. \$ 57,968.00 | | | | | | | | | |
| 14. | How do the lines compare? | | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. Or Go to Part 3. | the top of page | 1, che | eck box | 1T,here is no p | resumptio | on of abuse. | | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | page 1, check be | ox <i>2</i> Ţ, | he presu | ımption of abı | use is det | ermined by Fo | orm 122A- | 2. |
| Part | 3: Sign Below | | | | | | | | |
| | By signing here, I declare under penalty of perjury the | at the information | on th | is staten | nent and in an | y attachm | nents is true ar | nd correct | |
| | X /s/ Joseph S. Palmer | | X /: | s/ Sand | dra I. Palme | er | | | |
| | Joseph S. Palmer | | 3 | Sandra | I. Palmer | | | | |
| | Signature of Debtor 1 | _ | | J | e of Debtor 2 | | | | |
| | Date August 21, 2018 MM / DD / YYYY | Da | | | 21, 2018 / YYYY | | | | |
| | If you checked line 14a, do NOT fill out or file Form | 122A-2. | | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and fil | e it with this form. | | | | | | | |